

Please type a plus sign (+) inside this box → +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002, OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/475,220
		Filing Date	December 30, 1999
		First Named Inventor	FRENCH, Kelly S.
		Group Art Unit	2614
		Examiner Name	TRAN, Trang U.
Total Number of Pages in This Submission		Attorney Docket Number	P1500US00

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Gateway, Inc. by Scott Charles Richardson
Signature	
Date	November 26, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



F A X

610 Gateway Drive Mail Drop Y-04, North Sioux City, SD 57049-2000

**Law Department  
Intellectual Property  
Mail Drop Y-04**

**Date: November 26, 2002**

**Pages: - 10 -  
(Including Cover)**

<b>To:</b>	Examiner Trang U. Tran
<b>Dept./Co.:</b>	U.S. Patent Office, Art Unit 2614
<b>Fax:</b>	703-872-9314
<b>Phone:</b>	703-305-0090
<b>CC:</b>	
<b>From:</b>	Scott Charles Richardson, Reg. No. 43,436
<b>Fax:</b>	605-232-2612
<b>Phone:</b>	605-232-1967
<b>RE:</b>	<b>Pat. App. No. 09/475,220</b>

**MESSAGE:**

Transmitted herewith under 37 CFR 1.8, please find:

an Amendment; and  
Transmittal Sheet.

**CERTIFICATION UNDER 37 CFR §1.8:** The undersigned hereby certifies that this correspondence is being transmitted, via facsimile, to the Commissioner of Patents, Washington, D.C., on the date indicated above, and to the proper facsimile telephone number, shown above.

Name: Scott Charles Richardson

Signature: Scott Charles Richardson

*The information contained in this transmission is intended for use of the individual or entity named above. If reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone and return the original transmission to us at the above address via the U.S. Postal Service.*